Image# 13941173865 PAGE 1 / 29

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	or other man	All Authorized	7 00111111111			Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT		mple: If typir r the lines.	ng, type	12FE4M5	
Americas Health Insur	ance Plans PA	AC (AHIP PA	C)			
ADDRESS (number and street)	601 Pennsylvania	a Avenue, NW				
Check if different	South Building, S	uite 500				
than previously reported. (ACC)	Washington				DC	20004
2. FEC IDENTIFICATION NU	JMBER ▼	CITY 🛦			STATE A	ZIP CODE ▲
C C00106740		3. IS THIS REPORT		N) OR	× (A	MENDED )
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)		May 20 (M5)	Aug	20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		Mar 20 (M3)		lun 20 (M6)	- 1	20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (C	01)	X Apr 20 (M4)		Jul 20 (M7)		20 (M10) Jan 31 (YE)
July 15 Quarterly Report (C	(c) 12-Day PRE-E	lection	Primary (12P		General	
October 15 Quarterly Report (C	· ·	for the:	Convention (	120)	Special	123)
January 31 Year-End Report (Y	Œ)	Election on	M M /	D   D /	Y	in the State of
July 31 Mid-Year Report (Non-electio Year Only) (MY)	POST-	Election	General (300	i)	Runoff (	Special (30S)
Termination Report (TER)	Нероп	for the:  Election on	M = M /	D = D /	Y . Y . Y . Y	in the State of
5. Covering Period 03		2013	through	M M 03	31	2013
I certify that I have examined th	is Report and to th	ne best of my kno	wledge and b	pelief it is tru	e, correct an	d complete.
Type or Print Name of Treasure	r Charles W. Stella	ar				
Signature of Treasurer Char	les W. Stellar		[Electronically	Filed]	oate 07	18 / 2013
NOTE: Submission of false, erron	eous, or incomplete	information may su	bject the pers	son signing th	nis Report to t	he penalties of 2 U.S.C. §437g.
Office Use Only						FEC FORM 3X Rev. 12/2004

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)
Page 2

Write or Type Committee Name

### Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period: From: 03 01 2013 To: 03 31 2013

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2013		43551.88
	(b) Cash on Hand at Beginning of Reporting Period	31657.12	
	(c) Total Receipts (from Line 19)	15732.33	31030.35
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	47389.45	74582.23
7.	Total Disbursements (from Line 31)	34063.48	61256.26
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	13325.97	13325.97
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

### Americas Health Insurance Plans PAC (AHIP PAC)

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:	1	
(a) Individuals/Persons Other		
Than Political Committees		0004.50
(i) Itemized (use Schedule A)	4827.16	9834.50
(ii) Unitemized	905.17	6195.85
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	5732.33	16030.35
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	10000.00	15000.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
	15732.33	31030.35
Totals to Line 33, page 5)	10.02.00	
	0.00	0.00
Party Committees	0.00	0.00
All Lagra Bassing I	0.00	0.00
. All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
. Offsets To Operating Expenditures	, , , , , , , , , , , , , , , , , , , ,	
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
. Refunds of Contributions Made		7
to Federal Candidates and Other		
Political Committees	0.00	0.00
. Other Federal Receipts	7 7	7
(Dividends, Interest, etc.)	0.00	0.00
. Transfers from Non-Federal and Levin Funds	0.00	0.00
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(110111 001103010 110)		0.00
(1) 1 · · · · F · · · · · (2 · · · · · · · · · · · · ·	0.00	2.22
(b) Levin Funds (from Schedule H5)	0.00	0.00
(a) Total Transfers (add 40(-) 40(b))	0.00	
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	15732.33	31030.35
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	15732.33	31030.35

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Operating Expenditures: –  (a) Allocated Federal/Non-Federal	10:01 1:110	Culcinati Teal to Bate		
Activity (from Schedule H4)	0.00	0.00		
(i) Federal Share	5.55			
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating	63.48	256.26		
Expenditures(c) Total Operating Expenditures	03.48	230.20		
(add 21(a)(i), (a)(ii), and (b))▶	63.48	256.26		
Transfers to Affiliated/Other Party		0.00		
Committees Contributions to	0.00	0.00		
Federal Candidates/Committees and Other Political Committees	34000.00	61000.00		
Independent Expenditures (use Schedule E)	0.00	0.00		
Coordinated Party Expenditures				
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
Loan Repayments Made	0.00	0.00		
Loans Made Refunds of Contributions To:	0.00	0.00		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
		0.00		
(b) Political Party Committees(c) Other Political Committees	0.00	0.00		
(such as PACs)	0.00	0.00		
(d) Total Contribution Refunds				
(add Lines 28(a), (b), and (c))▶	0.00	0.00		
Other Disbursements	0.00	0.00		
Federal Election Activity (2 U.S.C. §431(20))				
(a) Allocated Federal Election Activity				
(from Schedule H6) (i) Federal Share	0.00	0.00		
(i) I edetai Oliale				
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid Entirely	0.00	0.00		
With Federal Funds	0.00	0.00		
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	34063.48	61256.26		
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	34063.48	61256.26		

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures				
3. Total Contributions (other than loans) (from Line 11(d), page 3)	15732.33	31030.35		
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00		
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15732.33	31030.35		
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	63.48	256.26		
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00		
3. Net Operating Expenditures (subtract Line 37 from Line 36)	63.48	256.26		

FOR LINE NUMBER: PAGE 6 OF Use separate sch for each category Detailed Summai

hedule(s)	(check only one)								
y of the ry Page	<b>X</b> 11a	11b	11c	12					
.,g.	13	14	15	16	17				

Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	ns PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial)  Jeremy Allen  Mailing Address 601 Pennsylvania Avenue N.W	1.	Date of Receipt
Suite 500, South Building	••	03 15 2013
City	State Zip Code	Transaction ID : 2013031216759-2
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	41.67
Name of Employer	Occupation	
Americas Health Insurance Plans	VP, Federal Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.02	
Full Name (Last, First, Middle Initial)  3. Jeremy Allen		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.W	<i>I</i> .	M M / D D / Y Y Y Y
Suite 500, South Building City	State Zip Code	03 29 2013 Transaction ID : 2013040115730 2
Washington	DC 20004	Transaction ID : 2013040115730-2  Amount of Each Receipt this Period
FEC ID number of contributing		or Lauri Hoodipt tillo Fellou
federal political committee.	C	41.67
Name of Employer	Occupation	
Americas Health Insurance Plans	VP, Federal Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.02	
Full Name (Last, First, Middle Initial)  C. Carmella Bocchino		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.V Suite 500, South Building		03 15 / Y Y Y Y Y Y
City Washington	State Zip Code DC 20004	Transaction ID : 2013031216759-3
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	208.33
Name of Employer	Occupation	
America's Health Insurance Plans	Executive Vice President, Clinical Aff	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	833.32	
SUBTOTAL of Receipts This Page (optional)		291.67
TOTAL This Period (last page this line number of	only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE		7	OF		29
(che	(check only one)									
X	11a		11b		11c		12	2		
	13		14		15		16	6		17

	Statements may not be sold or used by any personne name and address of any political committee to			
NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	ans PAC (AHIP PAC)			
Full Name (Last, First, Middle Initial)  Carmella Bocchino				
Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building	I.W.	03 29 2013		
City	State Zip Code	Transaction ID: 2013040115730-3		
Washington	DC 20004	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	208.33		
Name of Employer	Occupation			
America's Health Insurance Plans	Executive Vice President, Clinical Aff			
Receipt For:  Primary  General	Aggregate Year-to-Date ▼			
Other (specify) ▼	833.32			
Full Name (Last, First, Middle Initial)  3. Dianne Bricker				
	Mailing Address 601 Pennsylvania Avenue N.W.			
Suite 500, South Building City	State Zip Code	03 15 2013 Transaction ID : 2013031216759.4		
Washington	DC 20004	Transaction ID : 2013031216759-4  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	41.67		
Name of Employer	Occupation			
America's Health Insurance Plans	Regional Director			
Receipt For:  Primary  General	Aggregate Year-to-Date ▼			
Other (specify) ▼	250.02			
Full Name (Last, First, Middle Initial)  C. Dianne Bricker		Date of Receipt		
Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building		03 29 / 2013		
City Washington	State Zip Code DC 20004	Transaction ID : 2013040115730-4  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	41.67		
Name of Employer	Occupation			
America's Health Insurance Plans	Regional Director			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General  Other (specify) ▼	250.02			
SUBTOTAL of Receipts This Page (optional)		291.67		
TOTAL This Period (last page this line number	er only)			

## SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 8 OF

Any information copied from such Reports and Statements m or for commercial purposes, other than using the name and a				
<b>A</b> .	NAME OF COMMITTEE (In Full) Americas Health Insurance Plan  Full Name (Last, First, Middle Initial) Kathleen Callanan  Mailing Address 601 Pennsylvania Avenue N.V Suite 500, South Building  City Washington  FEC ID number of contributing federal political committee.  Name of Employer  America's Health Insurance Plans  Receipt For: Primary General	V. State DC C Occupation Vice Presid	Zip Code 20004	Date of Receipt  03
В.	Full Name (Last, First, Middle Initial)  Kathleen Callanan  Mailing Address 601 Pennsylvania Avenue N.W  Suite 500, South Building  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer  America's Health Insurance Plans  Receipt For:	State DC  C Occupation Vice Preside	Zip Code 20004  ent, Federal Affairs  Year-to-Date	Date of Receipt  03 29 2013  Transaction ID: 2013040115730-5  Amount of Each Receipt this Period  83.33

Receipt For Primal Other		Aggregate Year-to-Date ▼					
c. Winthro	(Last, First, Middle Initial) p Cashdollar	Date of Receipt					
City	ress 601 Pennsylvania Avenue N Suite 500, South Building	State Zip Code	03 15 2013 Transaction ID : 2013031216759-6				
Washingtor	1	DC 20004	Amount of Each Receipt this Period				
	nber of contributing ical committee.	С	62.50				
Name of En	mployer	Occupation					
America's H	lealth Insurance Plans	Executive Director Product Policy					
Receipt For Primal Other		Aggregate Year-to-Date ▼ 375.00					

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

229.16

Use separate schedule(s) for each category of the Detailed Summary Page

ı	FOR LINE NUMBER:					PAGE	:	9	OF		29
l	(check only one)										
	X	11a		11b		11c		12			
l		13		14		15		16	;		17

Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full)		
Americas Health Insurance Plar	ns PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial)  Winthrop Cashdollar		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.V Suite 500, South Building	V.	03 29 2013
City	State Zip Code	Transaction ID : 2013040115730-6
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	62.50
Name of Employer	Occupation	
America's Health Insurance Plans	Executive Director Product Policy	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	55 5	
Other (specify) ▼	375.00	
Full Name (Last, First, Middle Initial)  3. Yvonne Chanatry		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.V	<i>I</i> .	M = M / D = D / Y = Y = Y
Suite 500, South Building City	State Zip Code	03 15 2013 Transaction ID : 2013031316750 7
Washington	DC 20004	Transaction ID : 2013031216759-7  Amount of Each Receipt this Period
		Amount of Lacif neceipt this Feriod
FEC ID number of contributing federal political committee.	C	104.17
Name of Employer	Occupation	
America's Health Insurance Plans	Vice President, Marketing and Graphics	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	625.02	
Full Name (Last, First, Middle Initial)  C. Yvonne Chanatry		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.V	V.	M = M / D = D / Y = Y = Y
Suite 500, South Building		03 29 2013
City	State Zip Code	Transaction ID: 2013040115730-7
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	104.17
Name of Employer	Occupation	
America's Health Insurance Plans	Vice President, Marketing and Graphics	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	625.02	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	270.84
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 10 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Gregory Dean Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2013 City Zip Code State Transaction ID: 2013031216759-12 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 62.50 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director Insurance Education** Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) Full Name (Last, First, Middle Initial) B. Gregory Dean Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 03 29 2013 City State Zip Code Transaction ID: 2013040115730-12 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 62.50 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director Insurance Education** Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mary Beth Donahue Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 03 15 2013 City State Zip Code Transaction ID: 2013031216759-14 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Executive VP, Policy & Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 833.32 Other (specify) 333.33 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 11 Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Mary Beth Donahue Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2013 City Zip Code State Transaction ID: 2013040115730-14 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans Executive VP, Policy & Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 833.32 Other (specify) Full Name (Last, First, Middle Initial) B. Katie Dunning Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 03 15 2013 City State Zip Code Transaction ID: 2013031216759-15 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation America's Health Insurance Plans Regional Director Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. Katie Dunning Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 03 29 2013 City State Zip Code Transaction ID: 2013040115730-15 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Regional Director Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) 291.67 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 12 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Daniel Durham Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2013 City Zip Code State Transaction ID: 2013031216759-16 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans EVP, Policy and Regulatory Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 1249.98 Other (specify) Full Name (Last, First, Middle Initial) B. Daniel Durham Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 03 29 2013 City State Zip Code Transaction ID: 2013040115730-16 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans EVP, Policy and Regulatory Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 1249.98 Other (specify) Full Name (Last, First, Middle Initial) c. Candy Gallaher Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 03 15 2013 Suite 500, South Building City State Zip Code Transaction ID: 2013031216759-19 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President, State Policy Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) 458.33 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOF	LINE	NU	MBER	:	PAGE	•	13 OF	:	29
Use separate schedule(s)	(che	ck only	or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
_ common common, cage		13		14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Candy Gallaher Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2013 City Zip Code State Transaction ID: 2013040115730-19 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation Vice President, State Policy America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. Burt Hudson Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 03 15 2013 City State Zip Code Transaction ID: 2013031216759-24 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation America's Health Insurance Plans Deputy Director, Client Learning Servi Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. Burt Hudson Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 03 29 2013 Suite 500, South Building City State Zip Code Transaction ID: 2013040115730-24 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Deputy Director, Client Learning Servi Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify)

125.01

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 14 OF 29 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Joshua Keepes Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2013 City Zip Code State Transaction ID: 2013031216759-25 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation America's Health Insurance Plans Legislative and Regulatory Anaylst Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. Joshua Keepes Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 03 29 2013 City State Zip Code Transaction ID: 2013040115730-25 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation America's Health Insurance Plans Legislative and Regulatory Anaylst Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) **c.** Barbara Lardy Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 03 15 2013 Suite 500, South Building City State Zip Code Transaction ID: 2013031216759-28 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Vice President, Clinical Affair Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) 125.01 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

	F	OR	LINE	NU	MBER	:	PAGE	15	OF	:	29
Use separate schedule(s) for each category of the	(c	he	ck only	or	ne)						
Detailed Summary Page		X	11a		11b		11c	12			
			13		14		15	16	,		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Barbara Lardy Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2013 City Zip Code State Transaction ID: 2013040115730-29 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation Senior Vice President, Clinical Affair America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. Jeff Lemieux Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 03 15 2013 City State Zip Code Transaction ID: 2013031216759-29 Washington DC 20004 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Name of Employer Occupation America's Health Insurance Plans Svp, Center for Health Policy & Resear Receipt For:

Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  750.00	
Full Name (Last, First, Middle Initial)  Jeff Lemieux  Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building  City Washington  FEC ID number of contributing federal political committee.  Name of Employer  America's Health Insurance Plans  Receipt For:  Primary General Other (specify)	W.  State Zip Code DC 20004  C  Occupation Svp, Center for Health Policy & Resear  Aggregate Year-to-Date ▼  750.00	Date of Receipt  03 29 2013  Transaction ID: 2013040115730-30  Amount of Each Receipt this Period
SURTOTAL of Receipts This Page (ontional)		291.67

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

C.

FOR LINE NUMBER: PAGE 16 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Beth Leonard Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2013 City Zip Code State Transaction ID: 2013031216759-30 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation Senior Director Public Affairs America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 499.98 Other (specify) Full Name (Last, First, Middle Initial) B. Beth Leonard Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 03 29 2013 City State Zip Code Transaction ID: 2013040115730-31 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Director Public Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 499.98 Other (specify) Full Name (Last, First, Middle Initial) c. Joseph Miller Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 03 15 2013 Suite 500, South Building City State Zip Code Transaction ID: 2013031216759-37 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 104.17 С federal political committee. Name of Employer Occupation General Counsel America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 625.02 Other (specify) 270.83 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 17 OF 29 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Joseph Miller Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2013 City Zip Code State Transaction ID: 2013040115730-38 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 104.17 federal political committee. Name of Employer Occupation General Counsel America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 625.02 Other (specify) Full Name (Last, First, Middle Initial) B. Julie Miller Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 03 15 2013 City State Zip Code Transaction ID: 2013031216759-38 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Associate Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) **c.** Julie Miller Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 03 29 2013 City State Zip Code Transaction ID: 2013040115730-39 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation Senior Associate Counsel America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) 187.51 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page	X 11a	11b	11c	12	
	13	14	15	16	

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Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	ns PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial)  Betsy Pelovitz  Mailing Address 601 Pennsylvania Avenue N.V.	V	Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.V Suite 500, South Building	vv.	03 15 2013
City Suite 500, South Building	State Zip Code	Transaction ID : 2013031216759-41
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	104.17
Name of Employer	Occupation	
America's Health Insurance Plans	Vice President Product Policy	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	625.02	
Full Name (Last, First, Middle Initial)  Betsy Pelovitz		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.V	v.	M M / D D / Y Y Y Y Y
Suite 500, South Building City	State Zip Code	03 29 2013 Transaction ID : 2013040115730-42
Washington	DC 20004	Transaction ID : 2013040115730-42  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	104.17
Name of Employer America's Health Insurance Plans	Occupation Vice President Product Policy	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 625.02	
Full Name (Last, First, Middle Initial)  C. Susan Pisano		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.V Suite 500, South Building		03 15 2013
City	State Zip Code DC 20004	Transaction ID: 2013031216759-42
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	134.39
Name of Employer	Occupation	
America's Health Insurance Plans	Vice President Strategic Communication	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	806.34	
SUBTOTAL of Receipts This Page (optional)		342.73
TOTAL This Period (last page this line number	only)	

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Detailed Summary Page		13	_	14	15	$\neg$	16	[

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	Statements may not be sold or used by any perse name and address of any political committee to	
NAME OF COMMITTEE (In Full) Americas Health Insurance Pla	ns PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial)  Susan Pisano  Mailing Address 601 Pennsylvania Avenue N.	W.	Date of Receipt
Suite 500, South Building		03 29 2013
City	State Zip Code	Transaction ID : 2013040115730-43
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	134.39
Name of Employer	Occupation	
America's Health Insurance Plans	Vice President Strategic Communication	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	806.34	
Full Name (Last, First, Middle Initial)  Lawrence Platt		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.	W.	M M / D D / Y Y Y Y
Suite 500, South Building	Chata Zin Cada	03 15 2013
City	State Zip Code DC 20004	Transaction ID : 2013031216759-43
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer	Occupation	
America's Health Insurance Plans	Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	499.98	
Full Name (Last, First, Middle Initial)  Lawrence Platt		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N. Suite 500, South Building		03 29 2013
City	State Zip Code DC 20004	Transaction ID: 2013040115730-44
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer	Occupation	
America's Health Insurance Plans	Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	499.98	
SUBTOTAL of Receipts This Page (optional)		301.05
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 20 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Mark Pratt Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2013 City Zip Code State Transaction ID: 2013031216759-44 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Name of Employer Occupation SVP, State Affairs America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mark Pratt Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 03 29 2013 City State Zip Code Transaction ID: 2013040115730-45 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Name of Employer Occupation America's Health Insurance Plans SVP, State Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) c. Lisa Shreve Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 03 15 2013 City State Zip Code Transaction ID: 2013031216759-47 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation Senior Vice President, Professional Pr America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) 291.67 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 21 Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Lisa Shreve Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2013 City Zip Code State Transaction ID: 2013040115730-48 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Vice President, Professional Pr Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. Charles Stellar Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 03 15 2013 City State Zip Code Transaction ID: 2013031216759-48 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 104.17 federal political committee. Name of Employer Occupation America's Health Insurance Plans Executive V.P. Receipt For: Aggregate Year-to-Date ▼ Primary General 625.02 Other (specify) Full Name (Last, First, Middle Initial) c. Charles Stellar Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 03 29 2013 Suite 500, South Building City State Zip Code Transaction ID: 2013040115730-49 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 104.17 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Executive V.P. Receipt For: Aggregate Year-to-Date ▼ Primary General 625.02 Other (specify) 250.01 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 22 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Claudia Tucker Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2013 City Zip Code State Transaction ID: 2013031216759-51 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation America's Health Insurance Plans Regional Director Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Claudia Tucker Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 03 29 2013 City State Zip Code Transaction ID: 2013040115730-52 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation America's Health Insurance Plans Regional Director Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mark Van Koevering Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 03 15 2013 City State Zip Code Transaction ID: 2013031216759-53 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 С federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 499 98 Other (specify) 183.33 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

### SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 23 OF Use separate schedule(s) (check only one) X 11a 11b 11c

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ITEMIZED RECEIPTS for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Mark Van Koevering Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2013 City Zip Code State Transaction ID: 2013040115730-54 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 499.98 Other (specify) Full Name (Last, First, Middle Initial) B. Robert Zirkelbach Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 03 15 2013 City State Zip Code Transaction ID: 2013031216759-55 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 104.17 federal political committee. Name of Employer Occupation America's Health Insurance Plans Press Secretary Receipt For: Aggregate Year-to-Date ▼ Primary General 625.02 Other (specify) Full Name (Last, First, Middle Initial) c. Robert Zirkelbach Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 03 29 2013 Suite 500, South Building City State Zip Code Transaction ID: 2013040115730-56 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing С 104.17 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Press Secretary** Receipt For: Aggregate Year-to-Date ▼ Primary General 625.02 Other (specify) 291.67 SUBTOTAL of Receipts This Page (optional)..... 4827.16 TOTAL This Period (last page this line number only).....

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5(	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 24 OF 29 (check only one)	
IT	EMIZED RECEIPTS		for each category of the		
			Detailed Summary Page		
Ar	y information copied from such Reports and Sta	atements ma	Lav not be sold or used by any pe		
or	for commercial purposes, other than using the	name and a	ddress of any political committee	to solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)	540 (	A L U.D. D. A. O.)		
/	Americas Health Insurance Plan	s PAC (/	AHIP PAC)		
	Full Name (Last, First, Middle Initial)				
A.	Aflac PAC			Date of Receipt	
	Mailing Address Worldwide Headquarters			M = M / D = D / Y = Y = Y	
	1932 Wynnton Road	Otata	7:- Code	03 13 2013	
	City Columbus	State GA	Zip Code 31999	Transaction ID : 6456E192C701D612D80	
		- OA	31999	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C C00	0034157	5000.00	
	rederal political committee.			2010 Octobrida	
	Name of Employer	Occupation		2013 Contribution	
	Receipt For:	Aggragata	Veer to Date W	_	
	Primary General	Aggregate	Year-to-Date ▼		
	Other (specify) ▼	1	5000.00		
			, ,		
	Full Name (Last, First, Middle Initial)				
В.	Humana Inc. Political Action Commit	tee		Date of Receipt	
	Mailing Address 975 F Street, NW			M M / D D / Y Y Y Y Y	
	Suite 550	State	Zip Code	03 08 2013	
	Washington	DC	20004	Transaction ID: 058882358A0C95A7D3B  Amount of Each Receipt this Period	
	FEC ID number of contributing				
	federal political committee.	<b>C</b> cod	0271007	5000.00	
	Name of Employer	Occupation		2013 Contribution	
	Name of Employer	Occupation			
	Receipt For:	Aggragata	Year-to-Date ▼		
	Primary General	Aggregate	Teal-10-Date ▼		
	Other (specify) ▼	L	5000.00		
			,		
C.	Full Name (Last, First, Middle Initial)			Date of Receipt	
C.	Mailing Address				
	maining Address			M = M / D = D / Y = Y = Y	
	City	State	Zip Code		
				Amount of Each Receipt this Period	
	FEC ID number of contributing	С			
	federal political committee.				
	Name of Employer	Occupation			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General	33. 594.0			
	Other (specify) ▼		7		
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s	UBTOTAL of Receipts This Page (optional)			10000.00	

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SC	CHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 25				OF	29					
	EMIZED DISBURSEMENTS	Use separate schedule(s)				NE NUMBER: FAGE only one)								
111	EIVIIZED DISDURSEIVIEN IS	for each category of the		<b>X</b> 2	-	22		23		24	25		7 26	
		Detailed Summary Page			27	28a	$\vdash$	28b	$\vdash$	28c	- 29		30b	
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	ly information copied from such Reports and Staten for commercial purposes, other than using the nam													
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$  \cdot  $	NAME OF COMMITTEE (In Full)	240 (4145 540)												
[/	Americas Health Insurance Plans F	PAC (AHIP PAC)												
$\angle$	Full Name (Last, First, Middle Initial)				-									
Λ	,					Data of	f Di	churco	mon	+				
Α.	Citibank					Date of Disbursement								
	Mailing Address 1101 Pennsylvania Ave, NW		-	03	1	0	D	/ Y	2013	Y				
	11th Floor				US	4	U	1		2013	-			
		State Zip Code												
	Washington	DC 20004				Trans	act	ion ID	: D9	F0506	E88633	31A52	2B0	
	Purpose of Disbursement				_									
	Merchant Bankcard Fees		00	)1		Amoun	t of	Each	Disb	urseme	ent this	Peri	iod	
	Candidate Name		Categ	non/	,		-	-	-	-	-			
			Typ					7				31.74		
	Office Sought: House Disburser	nent For:	71		$\dashv$									
	Senate	Primary General												
	President	Other (specify) ▼												
	State: District:	•												
	Full Name (Last, First, Middle Initial)													
В.						Date of	f Di	sburse	men	t				
						M M / D D / Y Y Y								
	Mailing Address 1101 Pennsylvania Ave, NW					03			1	<u> </u>	2013			
	11th Floor													
	City	State Zip Code				Trans	sact	ion ID	. 60	6B544	450797	י אחדי	9D3	
	Washington	· ·							. 50	<del></del>	.551 51	. 574		
	Purpose of Disbursement Merchant Bankcard Fees				٦.				<b>D</b>					
			00	71		Amoun	ı ot	∟ach	DISD	oursement this Period			iod	
	Candidate Name	Category										31.74		
	Office Cought.		Тур	эе				7		7	9			
	Office Sought: House Disburser													
	Senate	,	,											
	President State:	Other (specify) ▼												
	State: District:				_									
^	Full Name (Last, First, Middle Initial)					D-1	۲ ۲۰							
C.						Date of	וטו:	spurse	emen	τ				
	Mailing Address				_	M = M	1	D	D	/ Y	Y	■ Y		
	Mailing Address						1	_						
	City	State Zip Code												
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	Purpose of Disbursement				$\dashv$									
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	Candidate Name		0-1-		,	AHOUN	ı Ol	Lacii	טאוט	ui seiil	=111 t/11S	ren	ou	
			Categ Typ			1 .	-		_		-			
Office Sought: House Disbursen		nent For:	1 7 1					7	_	7			_	
	Senate	Primary General												
	President	Other (specify)												
	State: District:	- \-r <del>-</del> <b>J</b> / ▼												
	I						-	_						
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 26 OF	29			
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(check only	one)				
	Detailed Summary Page	21b	22 X 23 24 25	26			
		27	28a 28b 28c 29	30b			
Any information copied from such Reports and Stat or for commercial purposes, other than using the n				S			
NAME OF COMMITTEE (In Full)							
Americas Health Insurance Plans	PAC (AHIP PAC)						
Full Name (Last, First, Middle Initial)			5 . (5)				
A. Alexander for Senate 2014 Inc			Date of Disbursement				
Mailing Address 228 S Washington Street Suite 1			03 11 2013				
City	State Zip Code		Transaction ID: 4974744ED1EAAFFB	305F			
Alexandria Purpose of Disbursement	VA 22314						
2014 Primary		011	Amount of Each Disbursement this Period	od			
Candidate Name		Category/	5000.00	П			
Lamar Alexander  Office Sought: House Disburs	ement For: 2014	Type					
Senate President	Primary General Other (specify)						
State: TN District:							
Full Name (Last, First, Middle Initial)							
B. Boehner for Speaker			Date of Disbursement				
Mailing Address 320 First St., SE			03 28 2013				
City Washington	State Zip Code DC 20003		Transaction ID: 983C67EE5C9A4B87	'D2F			
Purpose of Disbursement 2013 Contribution				od			
Candidate Name		Category/ Type	10000.00				
Office Sought: House Disburs Senate President	ement For: Primary General						
State: District:	Other (specify) ▼						
Full Name (Last, First, Middle Initial)  C. Friends of John Barrow			Date of Disbursement				
Mailing Address PO Box 1001			03 18 2013				
City	State Zip Code		Transaction ID : BF2E1F945D6B00FF	DAA			
Augusta Purpose of Disbursement 2014 Primary	GA 30903						
Candidate Name		011	Amount of Each Disbursement this Period	od			
John Jenkins Barrow		Category/	1000.00	П			
	ement For: 2014	Туре					
Senate President	Primary General Other (specify) ▼						
State: GA District: 12							
SUBTOTAL of Disbursements This Page (optional	l	······	16000.00				
TOTAL This Period (last page this line number on	ly)	·····					

SCHEDULE B (FEC Form 3X)	Has assessed to the day of	, FOR LINE	NUMBER:	PAGE 27 OF 29
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(orleast orliny	,	
	Detailed Summary Page		22 X 23 28b	24 25 26 28c 29 30b
Any information copied from such Reports and Staten	I nents mav not be sold or ι			
or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)				
$\left  ight>$ Americas Health Insurance Plans F	PAC (AHIP PAC)			
Full Name (Last, First, Middle Initial)				
A. Friends of Max Baucus			Date of Disbursem	ent
Mailing Address PO Box 586			03 / 11	2013
City	State Zip Code		Transaction ID	0754555555555
Helena	MT 59624		Transaction ID:	07F4FBDBDBFE35BFA72
Purpose of Disbursement 2014 Primary		011	Amount of Each D	isbursement this Period
Candidate Name		Category/		2500.00
Max S. Baucus		Type		2500.00
	nent For: 2014 Primary General			
President	Other (specify)			
State: MT District:	<b>(</b>			
Full Name (Last, First, Middle Initial)				
B. Guthrie for Congress			Date of Disbursem	ent
-			M M / D D	
Mailing Address PO Box 9639			03 21	2013
,	State Zip Code		Transaction ID :	4A0F6114BC02F19DA13
Bowling Green Purpose of Disbursement	KY 42102-9639			
2014 Primary		011	Amount of Each D	isbursement this Period
Candidate Name		Category/		
S. Brett Guthrie		Type		1000.00
	nent For: 2014			
Senate Y	Primary General Other (specify) ▼			
State: KY District: 02	Other (specify)			
Full Name (Last, First, Middle Initial)				
C. Hagan for US Senate Inc			Date of Disbursem	ent
			M M / D D	
Mailing Address PO Box 29103			03 21	2013
City	State Zip Code		Tanana di 15	A ED 2 / A 07 F 0 0 C F 0 P 1 C C C
Greensboro	NC 27429-9103		ransaction ID:	A5B34A07FCC2F9DA329
Purpose of Disbursement 2014 Primary		244		
Candidate Name		011	Amount of Each D	isbursement this Period
Kay R. Hagan		Category/ Type		1000.00
	ment For: 2014	.,,,,		
X Senate	Primary General			
President	Other (specify) ▼			
State: NC District:				
CURTOTAL of Dishumanasata This Days (a. ii i)				4500.00
SUBTOTAL of Disbursements This Page (optional)		<b>&gt;</b>		.550.00
TOTAL This Period (last page this line number only)				

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER:	PAGE 28 OF 29
TEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only one)		
	for each category of the Detailed Summary Page	21b	22 X	23 24 25 26
	Botanoa Gammary 1 ago	27	28a	28b 28c 29 30b
Any information copied from such Reports and Statem				
or for commercial purposes, other than using the name	e and address of any political	al committee to	solicit contribu	utions from such committee.
NAME OF COMMITTEE (In Full)				
Americas Health Insurance Plans F	PAC (AHIP PAC)			
/	,			
Full Name (Last, First, Middle Initial)			Data of Dia	house a sea a set
A. McConnell Senate Committee '14			Date of Dis	
Mailing Address PO Box 1496			03 01 2013	
Mailing Address TO Box 1490			00	2010
City	State Zip Code			
Louisville	KY 40201		Transaction	on ID : 30E136586AC2E1AFD9B
Purpose of Disbursement				
2014 Primary		011	Amount of I	Each Disbursement this Period
Candidate Name		Category/		2500.00
Mitch McConnell		Туре		2300.00
	nent For: 2014			
	Primary General			
President	Other (specify) ▼			
State: KY District:				
Full Name (Last, First, Middle Initial)			Data of Dia	buraamant
B. New Democrat Coalition PAC			Date of Dis	
Mailing Address 700 13th Street, NW			03	21 2013
Suite 600			03	21 2013
	state Zip Code			
•	DC 20005		Transacti	on ID : DFD48AECE84E89884B8
Purpose of Disbursement				
2013 Contribution		011	Amount of I	Each Disbursement this Period
Candidate Name		Category/		5000.00
New Democrat Coalition PAC		Туре		3000.00
	nent For: 2013			
	Primary General			
	Other (specify) ▼			
State: District:	Contribution			
Full Name (Last, First, Middle Initial)			Date of Dis	huroomont
C. Upton for All of Us				
Mailing Address PO Box 490			03	05 2013
Mailing Address PO Box 490			03	2010
City	State Zip Code			
St. Joseph	MI 49085		Transacti	on ID : 34E36B23523A649AEF0
Purpose of Disbursement				
2014 Primary		011	Amount of I	Each Disbursement this Period
Candidate Name		Category/		5000.00
Fredrick Stephen Upton		Type		5000.00
	nent For: 2014	$\neg$		
	Primary General			
	Other (specify)			
State: MI District: 06				
				12500.00
SUBTOTAL of Disbursements This Page (optional)		·····		1200.00
TOTAL This Period (last page this line number only)				
IVIAL THIS FEHOU HASE DAUGE THIS HITE HUMBER ONLY).				

ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE I (check only 21b 27	
Any information copied from such Reports and Statem or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans F	ne and address of any political	by any person committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  A. Volunteers for Shimkus  Mailing Address PO Box 661			Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City S Collinsville Purpose of Disbursement	State Zip Code IL 62234-0661		Transaction ID: 46CA4AE322BBA79D8D
2014 Primary  Candidate Name  John M. Shimkus  Office Sought:  House Senate  Disbursem	nent For: 2014 Primary General	011 Category/ Type	Amount of Each Disbursement this Period 1000.00
State: IL District: 15  Full Name (Last, First, Middle Initial)  B.  Mailing Address	Other (specify) ▼		Date of Disbursement
City State Zip Code  Purpose of Disbursement  Candidate Name  Category/			Amount of Each Disbursement this Period
President State: District:	nent For: Primary General Other (specify)	Туре	
Full Name (Last, First, Middle Initial)  C.  Mailing Address	Date of Disbursement		
•	State Zip Code		
Purpose of Disbursement  Candidate Name  Category/ Type			Amount of Each Disbursement this Period
	nent For: Primary General Other (specify)		
SUBTOTAL of Disbursements This Page (optional)		·····	1000.00
TOTAL This Period (last page this line number only).			34000.00